



COUNTY OF LOS ANGELES

DEPARTMENT OF PARKS AND RECREATION

"Creating Community Through People, Parks and Programs"

Russ Guiney, Director

Los Angeles County Voluntary Request for
Reasonable Accommodation Form
(Use this form to request a Reasonable Accommodation.)

☐ Patron ☐ Applicant ☐ Employee Department _____

First Name _____ Last Name _____
Work Phone No. () _____ Home Phone No. () _____
Address (Worksite/Home) _____
City _____ State _____ Zip _____
Job Title _____ Supervisor _____

If you have a disability that is covered (protected) under the federal Americans with Disabilities Act (ADA) and/or the California Fair Employment and Housing Act (FEHA) and you are a qualified individual, you are entitled to a Reasonable Accommodation that does not pose an undue hardship. Reasonable Accommodation may be requested for these purposes:

1. To complete the employment applications process.
2. To perform essential job functions.
3. To have the same benefits and privileges as non-disabled employees.
4. To obtain evacuation assistance in a time of emergency.

I believe I am protected from discrimination because I have a protected disability (a physical or mental impairment that limits one or more major life activities).

Documentation of Protected Status

When requesting a Reasonable Accommodation, be prepared to provide documentation of your protected status. Prior to the department accepting disability information from you, you must provide a completed Authorization for Request or Use/Disclosure of Protected Health Information (PHI). All such documentation will be treated confidentially.

I need an accommodation for this reason (please check one that applies):

<input type="checkbox"/>	1. To complete the employment application process.
<input type="checkbox"/>	2. To perform essential job functions.
<input type="checkbox"/>	3. To have the same benefits and privileges of non-disabled employees.
<input type="checkbox"/>	4. To obtain evacuation assistance in a time of emergency.

Please Return your request to:
Patrice Sanders, ADA Coordinator
433 S. Vermont Ave., 2nd Floor
Los Angeles, CA 90020
(213) 738-2970
(213) 427-6118 TTY
(213) 738-8398 Fax



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How does your limitation restrict your ability to accomplish or obtain one of the four items listed above? (Please describe as specifically as possible. If related to the performance of job responsibilities, state the task(s) for which you need an accommodation, and describe the difficulty you have performing that task.)

What specific accommodation(s) are you requesting?

What, if any, is the anticipated cost of this/these accommodations?

Are you aware of a third party, such as the Department of Rehabilitation, who might pay part or all of the cost of this accommodation? Yes _ No _ If yes, please provide the contact information for that agency.

Signature _____ Date _____

Your request will be given thorough consideration. Upon receipt of your request, the department will notify you of either the approval of your request, requirement of additional documentation, or the time frame for consideration. There is a requirement for the department to conduct an interactive conversation with you regarding accommodation options. Therefore, in this process, the department may discuss alternatives with you and contact you for additional information before making a decision. As soon as the department has reached a decision, you will be informed. Once the department has obtained from you complete documentation of your limitations for which you are requesting accommodation, you will be informed within 30 days of progress or a decision date. If you disagree with the department's determination at the conclusion of the Reasonable Accommodation process, you have the right to file a complaint with John Wicker, Chief Deputy Director. Likewise, if you believe the Reasonable Accommodation process is being conducted in a discriminating manner, you also have the right to file a complaint. Complaints may be filed with the Russ Guiney, Director of Parks and Recreation.

This form is available in alternate format from your ADA Coordinator upon request.

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